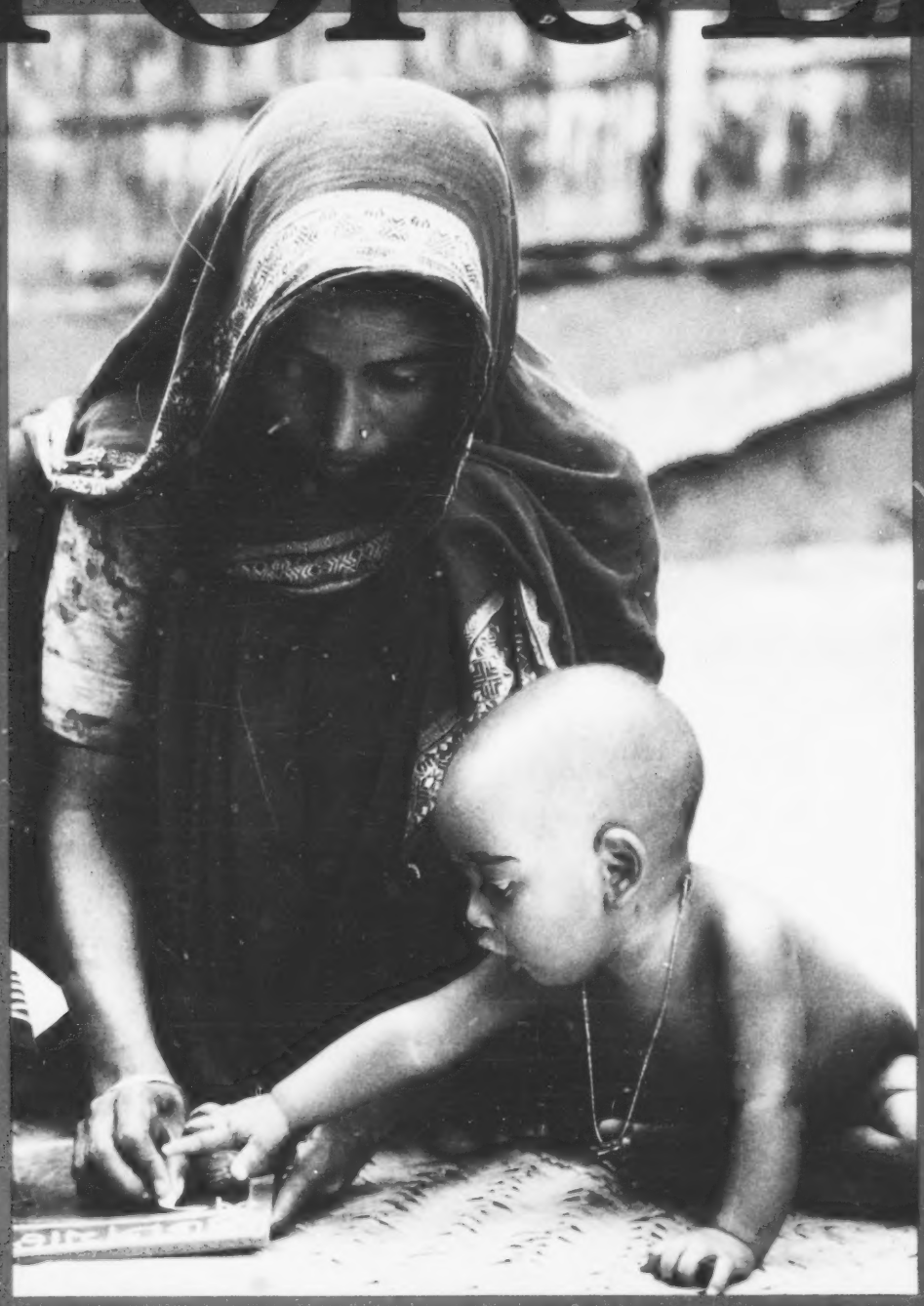
THE UNFPA MAGAZINE

POPULI



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Women: From Pain to Empowerment
Markets and Mortality in Mongolia
Asian Weddings

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POPULI

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Expert Group

The French government is set to host a meeting of experts on population growth and demographic structure later this month. The fifth of six expert group meetings leading to the 1994 International Conference on Population and Development, the gathering is expected to produce policy guidelines on how to accelerate the demographic transition—the shift from high to low birth and death rates in a population. Participants are expected to review the major demographic patterns in developing countries over the past 30 years. Other questions expected to preoccupy the experts, who are slated to meet in Paris 16-20 November, include how to sustain economic growth and achieve an equitable distribution of development benefits throughout the world and within countries. Organizers say the current debate on population growth and development stems from growing concern among developing countries who now view rapid population growth as an obstacle to socio-economic progress; awareness of the possible environmental consequences of rapidly-growing human numbers; and a recognition that the extent and speed of fertility decline in developing countries will be critical in shaping the ultimate size of the world's population.

RU486 the Morning After

The RU486® "abortion pill" can be used by women who have unprotected sex as a "morning-after" pill to prevent pregnancy, according to a study published in the 8 October *New England Journal of Medicine*. Doctors at the University of Edinburgh in Scotland compared the French-made anti-progestin pill with conventional oral contraceptive pills commonly used after intercourse. Of 800 women who sought emergency contraception within three days of having unprotected intercourse, half were given RU486, and half were given conventional pills. Of the latter, four became pregnant; none of the women given RU486 became pregnant, and fewer suffered nausea, a common side-effect of the conventional pills.

RU486 acts on the hormonal system to expel an embryo or foetus by causing it to be separated from the uterine wall. When used as a morning-after pill, it is believed to prevent implantation of the fertilized egg in the wall of the uterus. Its main drawback in the study was that it delayed the start of menstrual periods by a few days in about 40 per cent of women, causing them anxiety about whether the treatment had actually worked.

Mandela on AIDS and Apartheid

Nelson Mandela, president of the African National Congress (ANC), has blasted apartheid's role in the spread of AIDS among South Africa's majority black population. Speaking at a national conference on the Acquired Immune Deficiency Syndrome in Johannesburg last month, Mandela said that "apartheid's legacy has played a great role" in making black communities "even more susceptible" to infection with HIV, the human immunodeficiency virus. That legacy includes overcrowding, massive unemployment, single-sex hostels, the disintegration of family life, insufficient health services, and the lack of recreational facilities, the ANC leader said.

His comments come as the South African government reportedly seeks to promote AIDS prevention measures. The government is also shifting the emphasis of its health budget to community-oriented services and has allocated funds for primary health care, according to *Africa Health* magazine. But the government's efforts to introduce AIDS prevention measures are "viewed with suspicion and as a ploy to control the population," Mandela warned, adding: "This government does not have the credibility to convince the majority of black South Africans to change their sexual behaviour." He called for a united front to combat AIDS, of which there are some 1,316 registered cases in South Africa. Health officials say they believe there are thousands of HIV-positive cases.

UN/P Sudhakaran

Mandela.

Abortion Warning

Requests for abortions may increase by as much as 24 per cent in Israel, following the arrival of more than 300,000 Soviet Jews in 1990 and 1991. Eitan Sabatello, a senior lecturer in public health at the Hebrew University in Jerusalem and a director in the Central Bureau of Statistics, says the potential for a dramatic upswing in abortion requests stems from the widespread use of abortion in place of contraception in the former Soviet Union. Sabatello warns that Israel will have to expand both family planning services and the medical committees entitled to grant a legal abortion. Should this need go unmet, there could be increased demand for illegal abortions, possibly fuelled by the presence of unemployed Soviet immigrant physicians and obste-

tricians. At present, there are 28 medical committees throughout the country authorized to grant abortions, according to Sabatello, writing in the July/August 1992 issue of *Studies in Family Planning*.

Expecting to Fall

Indonesia expects to fall from its position as fourth most populous country to seventh place by 2050. This prediction is based on the country's success in slowing its population growth rate from 2.3 per cent per year in the 1960s to 1.97 per cent in the 1980s. National Family Planning Coordinating Board Deputy Chairman Sumbung told the local Antara news agency. He expects the rate to fall to 1.6 per cent per year by 1995. Indonesia's United Nations-estimated population of some 191 million places it behind China, India, and the United States.

Philippine Collaboration

One in five reported deaths in the Philippines is related to pregnancy or birth complications, Secretary of Health Antonio Periquet said in a recent address to the Family Planning Organization of the Philippines (FPOP). Sixty-three per cent of women of reproductive age are in the "high risk" health group, and 47,000 infants die every year before their first birthday. Periquet asked FPOP to help in backing the national family planning programme, saying: "You have the autonomy and flexibility which we in the government may not have." But he urged the non-governmental organization to "stay away from controversial issues that may hinder, rather than push, the national FP programme," and to "stick to our common cause," according to a report in *Integration*.

Condom Quality

Tests of 110 brands of condoms from Brazil, Indonesia, Italy, the Netherlands, and Portugal by the International Organization of Consumers Unions and the Dutch consumers' group Consumetenbond found that nearly half were "very poor" and only 3 per cent were "very good." More than one-third of the condoms tested had holes in them and failed a strength test, according to a report in the *British Medical Journal*.

Dirty Delivery

Infection arising during childbirth remains a major cause of maternal deaths in the developing world despite the widespread availability of preventive and curative means, according to a report in the *Safe Motherhood Newsletter*. In fact, sepsis ranks among the three most common complications of labour and delivery. One survey in rural Ghana revealed that despite formal training, few midwives followed the rules for clean delivery. Hands were not always washed between patients; few midwives used the gloves available; instruments were rarely sterilized, even if they had fallen on the floor; and wound care following caesarian delivery was poor. In the area surveyed, delivery services were provided by midwives at private and government health centres: caesarians were performed at a government hospital. Principal investigator Wendy Cronin of the Johns Hopkins School of Nursing says "it is possible to improve aseptic technique and this improvement does not have to be costly or complicated." She urges "practical interventions such as in-service education, management, and supportive supervision."

UNFPA

How strong is your condom?

Midwives' Congress

The Twenty-Third International Congress of the International Confederation of Midwives is set to take place in Vancouver, Canada on 9-14 May 1993. For more information, contact: ICM Planning Committee, Venue West Conference Management Service, 645-375 Water Street, Vancouver BC, Canada V6B 5C6.

Nurses' Congress

The Twentieth Quadrennial Congress of the International Council of Nurses has been scheduled for 20-25 June 1993 in Madrid, Spain. The Congress theme, "Unity for Quality," will focus on maternal and child health and safe motherhood. For more information, contact: International Council of Nurses, 3 place Jean Marteau, 1201 Geneva, Switzerland. Telephone: 41-22-738-2960. Fax: 41-22-738-1036.

Family planning:

Access improving

Access to family planning services and information is improving "dramatically" even as our numbers swell by a quarter of a million every day. This, according to *World Access to Birth Control*, a newly-updated study by the Population Crisis Committee (PCC), a United States-based non-governmental research and lobbying organization.

The greatest improvements have been in the developing countries, where 95 per cent of population growth is taking place.

The study says contraceptive use in the developing countries, excluding China, has risen by about one-third since PCC's last such report in 1987. It estimates the global contraceptive prevalence rate to be 50 per cent. It says 75 per cent of all couples must practise contraception for world population to be stabilized. If this rate is reached by century's end, population could stabilize at nine billion by the middle of the next century, PCC says.

Using data collected in 1990, the latest study ranks 124 countries—among them, 95 developing countries—according to the strength of their family planning programmes. It finds significant progress taking place in more than one-third of the 87 developing countries also included in the 1987 study; in Africa, 21 of 39 national programmes show significant improvement. Botswana and Iran showed the greatest strides during this period.

"Our 1992 report shows how quickly progress can occur when the financial resources and political will are forthcoming," says Sharon Camp, senior vice president of PCC and editor of the study. The organization says government's fiscal and political support of family planning has enabled Botswana to become the only African country in the top-ranked "good" category. In Iran, high birth rates and poor economic conditions have prompted an ambitious drive to promote family planning.

The study rates family planning programmes by the degree of access to different contraceptive methods and abortion; the competence of service providers; and the number of channels through which women and men can get either contraceptive supplies or family planning information.

Top of the table were: Taiwan, South Korea, China, Thailand, Mexico, and Trinidad and Tobago, where, except for Mexico, the average family has fewer than three children. Despite progress, half of all developing countries remain in the "poor" or "very poor" categories. Of a possible 100 points in PCC's rating system, seven countries received nil: Somalia, Saudi Arabia, Libya, Liberia, Kuwait, Iraq, and Gabon. Except for Kuwait, women in these countries have an average of more than five children.

Denmark took first place in a "different and separate" listing of industrial countries, followed by the Netherlands, Sweden, Norway, and Australia. The United States ranked fourteenth. Ireland came last, behind Japan, Romania, Poland, and Bulgaria.

"We find it somewhat alarming that, at a time when developing countries are moving forward in providing access to family planning for men and women, some of the most developed countries continue to limit reproductive choice," says Camp.

The 1992 study is the third in PCC's series, "World Progress Towards Population Stabilization." It includes data for 95 per cent of world population. As in 1987, the new study includes data from two separate surveys. Data on developing countries come from a larger study undertaken in 1989 and 1990 by Parker Mauldin and John Ross of the New York-based Population Council. Researchers at PCC say they collected parallel data for industrial countries, taking into account differences in service delivery between North and South, and the varying socio-economic settings in which family planning programmes operate.

For more information, contact: PCC, 1120 19th Street, N.W., Suite 550, Washington, D.C. 20036, USA. Telephone (202) 659-1833.

UNFPA/Uly Sobmsen

Family planning services are becoming easier to find.

Asians marrying later

UN/Gayle Jann

Not so fast.

Asian women and men are bucking tradition. They are getting married later in life, and the likelihood that an individual will never marry is increasing. This, according to a study of 80-odd years' worth of national census and survey data from 18 countries.

Women are generally delaying marriage longer than men, according to researchers Peter Xenos of the East-West Center and Socorro Gultiano of the Office of Population Research in Cebu City, Philippines. They attribute the trend to the spread of formal schooling, increased education and employment opportunities for women, the emergence of "youth subcultures," and an increase in premarital sex. They also note that age at first marriage is generally later in cities than in the countryside.

In South Asia, the average age at first marriage for women increased from under 15 years in the early part of the century to well over 15 and even approaching 20 years by the 1980s. Between 1921 and 1981, the average age rose from 13.3 to 19.7 years in Pakistan and from 13.2 to 18.1 years in India. Increases in Bangladesh and Nepal were less dramatic. Even Sri Lanka, long the exception in South Asia, saw a marked increase, from 18.1 years in 1901 to 24.2 years in 1981.

In Southeast Asia excluding Brunei, women generally got married by the age of 20 in the 1950s. By the 1980s, the average had risen to around 25 years, with the most rapid change taking place in Malaysia.

East Asian women generally married before their twentieth birthday in the years before World War II. But in the 1980s, they generally waited until they were around 25 years old.

The age at first marriage for men has also increased, but by smaller increments. Xenos and Gultiano say that for women, social change has involved the opening up of adult roles outside the family, creating "categories of women for whom late marriage is an acceptable, or even desirable, option." For men, however, the timing of marriage is less closely linked to social and cultural factors.

Male marriage patterns are more likely to be affected by "disruptions in the demographic structure such as occur during wars or periods of migration," in response to which men marry at younger ages, they say.

More and more never marry

Growing proportions of Asians never marry, according to the researchers. The trend is particularly striking for men in Japan, where the proportion never married by age 50 has risen from 1.1 per cent in the early 1920s to 6.6 per cent in the late 1960s, then to 18 per cent in the first half of the 1980s.

In Bangladesh, Hong Kong, and Thailand, the proportion of women who never marry is increasing, although the same is not true for men.

Never marrying is especially common among urban or educated populations in the Philippines, Singapore, and Thailand. The researchers do not see any demographic significance in this trend at present, but they say a more extensive pattern may be emerging.

Delayed marriage means a longer gap between successive generations and can also mean "a shorter period of exposure to the risk of conception," the researchers say in their paper, *Trends in Female and Male Age at Marriage and Celibacy in Asia*, published by the East-West Center. They cite an earlier study in Indonesia showing that "with eight socio-economic variables statistically controlled, a one-year delay in age at first marriage reduced fertility by an average of one-fifth of a child."

For more information, contact: East-West Center, Program on Population, 1777 East-West Road, Honolulu, Hawaii 96848, USA. Telephone: (808) 944-7444. Fax: (808) 944-7970.

New life for Ghana's programme

STUDIES MARK FAMILY PLANNING REVIVAL; FOCUS ON TEENS

Ghana is breathing new life into its population programme, trying to overcome years of economic hardship in the process. The government is establishing a new reproductive health programme for teenagers, who experts say were neglected in the past. The renewed efforts are based in large part on two recently completed studies of reproductive and contraceptive knowledge, attitudes, and behaviour.

Ghana's population programme started in 1969. Twenty years later, contraceptive use was limited to 13 per cent of couples—for modern methods, the prevalence rate was only 5.5 per cent—even though the vast majority know about modern contraception. The West African country's population increased more than five-fold between 1921 and 1984. The United Nations estimates that the population of 16 million, growing at an annual rate of 3.2 per cent, will more than double to 38 million by 2025.

UNFPA Country Director Ian Howie attributes this apparent failure to sluggish programme implementation; weak political commitment; persistent pronatalism; and economic crises in the 1970s and 1980s which dealt a severe blow to the country's development efforts.

Howie and others also blame the absence of a culturally relevant family planning service delivery system. They cite a 1991 health ministry study showing that health workers may have been using the wrong local terms for family planning for the past two decades. *Etwa awuo*, the phrase used in the middle part of the country, means "stopping birth," not spacing births; *adogmake*, which is used in the north, means "deliver enough" and is often interpreted as "to stop giving birth after having enough children." This has apparently convinced many Ghanaians that family planning means sterilization.

The situation seems to be changing as Ghanaians come to grips with the adverse economic and social consequences of rapid population growth, widespread adolescent pregnancy, and reproductive ill-health. Howie says the process of reinvigorating the programme began around 1985, and has already resulted in an upswing in contraceptive use, from around five per cent in 1988 to 10 per cent this year, due mainly to improvements in contraceptive supplies and services.

Some 45 per cent of Ghanaians are younger than 15, compared to 47 per cent for Western Africa and 32 per cent for the world, according to UN figures. Providing jobs and services to them and their children is a daunting task. A 1992 finance ministry report reveals that six in ten teenagers surveyed who had a boy- or girlfriend had either become or made someone pregnant. A 1991 University of Ghana study found 32 per cent of teens had had sexual intercourse—the first time, on average, when they were 15 years old. Few teens knew about a woman's fertility cycle or correct modern contraception, although 54 per cent of boys and 30 per cent of girls reported using a contraceptive when they had sex. In some cases, they were fooled into believing saccharin tablets were contraceptive pills; the boy or both partners would swallow a tablet before having sex. Many teens believed that "you can't get pregnant the first time" and that "if you haven't had sex by a certain age something [bad] will happen to you."

Although some question just how representative the 1082 students surveyed in the University study were—the 32 per cent figure would be much higher among out-of-school youth, they speculate—the UNFPA office head considers the 1991 study the most authoritative one to date on teens' sexual practices in Ghana. It forms part of the foundation for a family life education (FLE) project at the heart of the government's new reproductive health programme for teens. The project envisages FLE courses at teacher training colleges; FLE manuals for teachers, parents, and children; peer counselling; and services adolescents could get without first having to ask their parents' permission.

Programmers say they are optimistic about the adolescent reproductive health programme's chances of success—given enough funding. Howie estimates that at least US$2 million will be needed to launch the programme. Bruce Campbell, UNFPA's chief technical adviser on maternal and child health and family planning in Ghana, says that although funding for Ghana's family planning programme has increased in recent years, allocations to the teens' component remains meagre. Howie says UNFPA's "modest" resources under its 1991-95 country programme have been committed to funding the University of Ghana study and supporting the FLE project. "This is a step-by-step process, and one in which we want to see the involvement of all parties," he says. Meanwhile, Campbell adds, government ministries are having to squeeze funds from budgets sapped by structural adjustment.

Howie, Campbell, and others say the Ghana programme has the potential to set an example for the rest of the region. But, they add, there is more at stake than prestige: Economic development and the quality of life have not kept up with population growth. Twenty years from now, Ghana can ill afford to discover that it has had another *adogmake* programme.

–Vaseeharan Nesiah

Gender Violence and Development

Battered Dreams

by Roxana Carrillo

Violence against women was not on the agenda for equality, development, and peace set at the beginning of the United Nations Decade for Women (1976-85). Yet, as women have sought full and equal participation in their societies, the problem of gender violence has surfaced as one of the major obstacles to all three of the Decade's goals.

In a 1988 survey of development-related issues of concern to women's groups in developing countries, MATCH International, a Canadian non-governmental organization (NGO), found that violence against women was the most frequent problem raised. Women's groups identified the impact of such violence on development in concrete terms: Actual or threatened violence undermines women's dignity as human beings, leaves them vulnerable and fearful, conditions them to undervalue their skills and abilities, and forces them to the margins of society, isolated from the decision-making processes shaping their societies. The forms of violence range from universal acts such as battering, incest, assault, and rape to regional traditions such as female genital mutilation, and from limited employment opportunities and lack of access to education and health care, to social isolation and sexual harassment.

Violence against women is not a problem that affects only the poor or only women in developing countries. It affects women worldwide of all races and income groups. Yet, it is rarely documented. In both industrialized and developing worlds, few countries have embarked on empirical studies that could define the real dimensions of the problem. What evidence exists, however, documents powerfully the pervasiveness and extent of the problem.

What the numbers reveal

Official statistics and survey data in the United States make vivid the burden of violence against women. A rape occurs every six minutes and domestic battery is the single most significant cause of injury to women—more than car accidents, rapes, and muggings combined—according to the National Center on Women and Family Law. Almost one in four women will be physically abused by a current or former partner at some point in their lives.

No peace for the army of development?

Roxanna Carrillo, an activist in the international women's movement for more than 15 years, is the executive assistant to the director of UNIFEM, the United Nations Development Fund for Women. She is the author of Battered Dreams: Violence Against Women As An Obstacle To Development, *from which this article was adapted. For more information, contact: Women, Ink., 777 United Nations Plaza, 3rd floor, New York, NY 10017, USA.*

UN/J. Isaac

Silent violence: social isolation.

according to the American Medical Association. Three different studies showed consistently that women were battered even when pregnant, the numbers ranging from 25-62 per cent of those surveyed in shelters for battered women. Police report that domestic disputes account for 40-60 per cent of the calls they receive, especially on the night shift.

Reports from France suggest 95 per cent of all victims of violence are women, 51 per cent of these at the hands of their own husbands. In Denmark, 25 per cent of women cite violence as the reason for divorce. A three-year study in Austria commissioned by the United Nations Division for the Advancement of Women uncovered a high level of wife abuse, as did official statistics from Poland. Data compiled by the UN Centre for Social Development and Humanitarian Affairs in 1989 showed that the profile of murder victims in the United Kingdom had remained unchanged since the end of the nineteenth century in one essential feature: about half were murdered by their husbands, lovers, or boyfriends.

Violence against women does not only debilitate, maim, and kill women. Studies show that it has deadly consequences for societies and economies. The Mexican Federation of Women Trade Unions reports that 95 per cent of women workers are victims of sexual harassment, and complains that the impunity with which harassment is committed limits women's participation in the workforce. In a 1990 survey of child prostitution in Cochabamba, Bolivia, 79 per cent of the girls said they became prostitutes because of economic need after running away from violent homes where they were the victims of incest and rape by male relatives, according to the *Instituto Latinoamericano de Estudios Transnacionales*.

Economist Amartya Sen has pointed out the cost of social and economic inequality between men and women by analyzing the ratio of females to males. Whereas there are 106 women per 100 men in Europe and North America, there are only 97 women per 100 men in the developing world. The causes of the disparity include female foeticide and infanticide, selective malnourishment and starvation of girls, neglect of health problems including reproductive and maternal health, dowry deaths, and various other forms of violence.

The Australian Committee on Violence estimated that the cost of refuge accommodation for victims of domestic violence in 1986-87 was US$27.6 million. The economic cost of violence against women also includes the resulting loss of time—involving not only the victims, but the work time of police and others in the legal, medical, mental health, and social services.

For developing countries, the costs are only too stark. As one Worldwatch Institute report put it in 1989: "Female focused violence undermines the widely held goals for economic and social development in the Third World. The development community has come to realize that problems such as high fertility, deforestation, and hunger cannot be solved without women's full participation. Yet women cannot lend their labour or creative ideas fully when they are burdened with the physical and psychological scars of violence."

The international debate

The United Nations began to recognize the problem within the context of the UN Decade for Women. At all three World

Conferences on Women—Mexico City (1975), Copenhagen (1980), and Nairobi (1985)—and at the parallel NGO fora, activists demanded special attention be given to the constraints violence against women places on women's full participation in society. The official documents produced at these events culminated in the *Nairobi Forward-Looking Strategies for the Advancement of Women*, which established the concerns of the international community and acknowledged the responsibility of governments and all members of society to eradicate violence.

The Nairobi document remains the strongest of the UN statements; it includes Resolution 258, which calls for preventive policies and institutional means of assisting women victims of the various forms of violence experienced in everyday life in all societies. The resolution acknowledges that "women are beaten, mutilated, burned, sexually abused, and raped" and that such violence is "a major obstacle to the achievement of the objectives of the Decade and should be given special attention."

The same document insists on special training for law enforcement officials to deal with women victims of violent crimes; urges legislation to end the degradation of women through sex-related crimes; stresses the promotion of female human rights; insists on favouring a preventive approach including economic and other forms of assistance and increasing public awareness; and suggests that national mechanisms be established to deal with the question of domestic violence.

Other UN bodies, such as the Economic and Social Council, also address the issue. The Report of the UN Secretary-General at the thirty-second session of the Commission on the Status of Women stated that the myriad manifestations of violence against women share a common denominator: "the use of coercion to make women do things against their will."

The UN Development Programme's (UNDP) *Human Development Report 1990* defines human development as "a process of enlarging people's choices." It is clear, activists and programmers say, that violence against women is an obstacle to this goal.

While UN recognition that the problem affects society as a whole is slowly growing, the linkage between violence and development often seems ignored. Despite efforts to make the connection by a variety of UN agencies, for example, activists and researchers alike complain that development statistics disaggregated by gender are scarce.

Strategies for now

For their part, many development agencies are faced with more project requests than they can fulfil with limited resources. How best to make use of what they have? Concerned programmers and women's advocates offer the following suggestions:

- When formulating and implementing a project, highlight the specific obstacles to women's participation created by gender violence and design the project to remove, or at least work around, them. For example, if safe transportation is not available in a society where women are not supposed to interact with men outside the family, reserve "ladies only" cars in mass transit, as happened in Bombay, India.
- Recognize that change is often threatening. Project staff should be ready to work with husbands and males in the community to prevent violent backlashes against women's changing roles and increased self-confidence.
- Look for awareness of violence as an obstacle to progress when recruiting project staff.
- Keep records of instances of gender violence and measures taken to reduce women's vulnerability, and analyze the findings as part of the lessons learned from project experience.
- Integrate statistics on gender violence into data collection, planning, and training projects as a way of increasing awareness.
- Strengthen women's organizations and let women identify and combat the violence. Back projects which improve communications and management skills, raise women's awareness of possible actions, and teach self-defence.
- Advocate on behalf of women. International development agencies such as UNIFEM (the UN Development Fund for Women), UNDP, UNFPA, the World Health Organization, and the International Labour Organisation, which are concerned with these issues, need to use their leverage and prestige to give voice to groups working in these areas and to press for policy and programme reforms.

Next month:

GENDER VIOLENCE AND REPRODUCTIVE FREEDOM

Grass-roots activist.

Women of Mongolia:

Two steps forward, three steps back?

by Pat Orvis

The women of Mongolia no sooner take two steps forward than circumstances set them back three.

A decades-old ban on contraception was lifted in 1990, when the world's second-oldest Communist country moved to a multi-party political system. Family planning was encouraged, and the rate at which women died from causes related to pregnancy and childbirth began to fall. This, after years of pronatalist policies that contributed to maternal death rates of up to 420 for every 100,000 live births in some regions.

Now, maternal mortality is seen to be rising again. Development officials attribute this to an economic crisis created by the shift from a centrally-planned to a free-market economy. They say the shift has pushed the cost of health care beyond the reach of women and the institutions which served them.

One sign of the new economy is the conversion of maternity rest homes into hotels as tourism gears up in a previously closed country with much to offer hunters, archaeologists, and environmentalists. Food is scarce everywhere, but its lack is especially disastrous for the hospitals. Transportation has always been a problem in the vast interior, where more than half the country's population lives; many still pursue a semi-nomadic lifestyle and the dry, sparsely populated steppes and isolated mountain settlements pose life-threatening distances for women, who often bleed to death following childbirth because they are anaemic. Chronic fuel shortages make things even worse.

Before 1990, child-bearing was a way to earn cash allowances and other benefits, including the right to retire early. Women who had five or more children were awarded the Mother's Glory Order Grade 2, Grade 1 being reserved for those with more than eight children. The legacy of these pronatalist policies is a young and growing population whose needs must be met. With many women producing a child a year, the number of Mongolians more than doubled since 1960, and tripled since the 1930s, to reach an estimated 2.1 million in 1991. The average Mongolian is 24 years old, according to official estimates; 70 per cent of Mongolians are younger than 35—some 46 per cent are younger than 16. Their numbers continue to grow at about 2.8 per cent per year.

In 1921, Mongolia became the first country after Russia to declare itself Communist. By 1939, it had eradicated smallpox, and by the late 1980s had virtually eradicated diphtheria, pertussis, and poliomyelitis. Maternal mortality was also reduced significantly, to around 160 maternal deaths for every 100,000 live births in 1985-89. Nevertheless, Mongolia continued to lag behind developing countries, such as Sri Lanka, with less advanced health systems.

With the advent of the reform movement in 1989, first-trimester abortions were made legal. A multi-party government was elected in July 1990 and began recommending families of four or fewer children born at intervals of three years or more. It discouraged child-bearing by women aged under 20 and over 35 years, and encouraged modern contraception. The maternal death rate dropped to around 110 per 100,000 live births. But by 1991, it was back to around 130 per 100,000 and is slowly but steadily rising, officials say, even though more than nine in 10 deliveries take place in a hospital or health centre. Postpartum haemorrhage is the most common cause of death in a country where half the pregnant women are said to have some degree of anaemia brought on by iron deficiency and exacerbated by frequent childbirth. Obstruction and other complications of delivery are the other leading causes of maternal death.

"It is difficult to accept this high maternal death rate, when the women here have nearly 100 per cent literacy, and there is a huge health care infrastructure, with universal prenatal care and a high proportion of deliveries taking place in hospitals," says Zahidul Huque, advisor for maternal and child health care and family planning to UNFPA's first country programme in Mongolia.

Dr. Huque says that studies indicate Mongolian women have been "choosing a small family" since the early 1980s. He describes a "dramatic decrease" in the total fertility rate from an average of 7.5 children per woman in the 1970s to around 3.8 now, lower than the UN estimate of 4.7, although in some regions the average woman continues to have six or seven children.

Before the reforms, often fatal illegal abortions were the only means by which women could try to reduce their fertility. Prior to legalization, "spontaneous" abortions occurred far more frequently than "induced" abortions, charts compiled by Huque show. But after the rules governing abortion and contraception were liberalized, the figures were "totally reversed," he says, suggesting that the earlier high rate of "spontaneous" abortion really represented surreptitious self- or doctor-induced abortions. UNFPA has tried to help meet couples' demand for modern contraceptives—so far providing more than 90,000 intra-uterine devices, half a million condoms, and limited quantities of contraceptive pills in addition to logistical support, considerable equipment for obstetric and gynaecological care, and training support to the health ministry. For now, however, abortions remain frequent, and food shortages do not offer hope for improved maternal nutrition.

Pat Orvis is a freelance print and broadcast journalist. She recently spent a month crossing Mongolia.

Medicine is also in acutely short supply. UNFPA and others have pitched in with iron folate pills to battle anaemia and drugs to stop postpartum bleeding. But storage and transportation problems plague efforts to get the medicines to the remote regions where they are needed most. What there is comes mainly from the West, with instructions in English that are often meaningless to doctors educated at home or in the former Soviet bloc. When aging equipment breaks down, Western spare parts do not fit Eastern bloc-made technology. What's needed, health officials say, is a wholesale re-equipping of the system.

Donors sometimes withhold funding for the health system because they say the country's ratio of 24 doctors for every 10,000 people is too high. And it is, Huque concedes—but only at first glance. In a country slightly smaller than Western Europe, that's only one doctor for every 296 square kilometres—far too few, in his view.

At the same time, however, nearly half of the country's maternal rest homes have been closed or converted for business by entrepreneurs. Under Communism, the rest homes were maintained by co-operatives. They have now been privatized and, because of the economic crunch, neither provincial nor local governments can afford to keep the homes open. The cash crisis has fuelled rumours that central authorities are trying to charge regional governments for distributing equipment and supplies acquired free through international aid.

The rest homes "functioned very well," in Huque's estimation, and were part of an infrastructure that included a central hospital in each of Mongolia's 18 *aimaks* (provinces) and smaller *somon* (county) hospitals. The rest homes were attached to these hospitals. Pregnant women would check in a couple of weeks before their due date, to eat nutritious food and get regular check-ups until delivery. Even before the cutbacks began, women in the heartland had to travel an average of 44 kilometres to the nearest rest home. Some had to travel more than 100 kilometres, often on horseback or in the sidecar of a nomad neighbour's motorcycle. The journey could take half a day. A haemorrhaging woman can bleed to death in two hours.

The good news is that officials already know where the severest problems are concentrated—in places such as Bayanhongor *aimak* to the southwest, where maternal death rates have doubled. Others, like Dzavhan *aimak*, further west, continue to reduce their maternal death rates. Also on the plus side, Huque has found that Mongolia's doctors have a "unique interaction" with their patients.

"There is no class system here. The patients feel free to challenge the doctors and ask questions without fear or hesitation," the Bangladeshi doctor specializing in public health marvels. "The doctors hold the babies on their laps" while chatting with mothers during rounds of the wards. "In most countries, there is a social barrier between doctor and patient. I have never before seen doctors hold babies on their laps," as such a matter of course.

So the UNFPA official is helping the government to identify and tailor services specifically for the most severe trouble spots. He is urging the government to endow county hospitals with the same expertise and equipment for meeting obstetric needs and emergencies as are available at provincial hospitals.

Meanwhile, UNFPA is supporting the health ministry's training programmes. These programmes aim to send doctors abroad to learn English and other Western languages and technology. There are plans to bring experts to Mongolia in various capacities, and to train doctors from the countryside to become regional trainers of trainers.

With such help from agencies and donors, and given Mongolia's existing infrastructure, "favourable staffing pattern" and the "excellent communications" between doctor and patient, Huque predicts the country "is in a better position than perhaps any other developing country to have one of the best health care systems."

Then there are the women of Mongolia themselves. Some 86 per cent work outside the home, often as professionals. More than seven in 10 doctors are women, for example. In June, three women were elected to the State Ih Hural, or national legislature—a doctor, a lawyer, and a journalist. Their election gives women 4 per cent of 76 legislative seats, as compared to nine of 370 seats—2.4 per cent—in the earlier Peoples Great Hural. As one such professional puts it, "I am carrying out the tradition my mother gave to us: never ignore the work required of you by your family, or by your country."

UNFPA/H O'Haire

Mongolia's health system is having to cope with cruel shortages.

POPULATION GROWTH

"The greatest adventure of all time"

by Jacques-Yves Cousteau

The world population problem is studied in detail by several competent organizations. All the figures concerning all nations are available, and the forecasts for the next 40 years are reliable. Any new factor, however important, may modify the long-range guesses but will have little influence on the estimates for the next three or four decades.

What is happening now is a consequence of the exponential nature of population growth while available resources obey a linear progression and are ultimately limited, as the British economist Thomas Robert Malthus prophesied almost 200 years ago. The warnings were repeated by the Club of Rome after World War II, and substantiated by Norman Borlaug, father of the Green Revolution; in his acceptance speech of the Nobel Prize in Stockholm, addressed to the leaders of the world, he insisted that they had only 30 years to harness the demographic threat.

Twenty years have passed since, Borlaug told me, and not only have the leaders taken no action whatsoever, they have even avoided discussing the subject. Since then, the situation has worsened. Deforestation becomes necessary to create farmland; cities burgeon past 20 million, non-renewable resources are depleted, biodiversity shrinks to alarming levels, energy is in unreasonable demand—and above all, poverty spreads, illiteracy generalizes in poor countries, education is unaffordable and for two-thirds of humankind, the quality of life decreases at a disquieting pace.

At the present rate, it will take only 41 years for the world's population to double. But the breakdown of the doubling time for population is striking: 338 years for Europe, 23 years for Africa! Whatever efforts will be made, nothing will prove as efficient in such short times as 20 or 30 years.

How has it been possible that such an unrelenting threat had never motivated any reaction, any serious decision, any consternation among the leaders, the intellectuals, the diplomats, the philosophers? Why have such clear warnings as the collapse of Easter Island's population been ignored?

First occupied by Polynesians in the seventh century, and discovered in 1772 by Roggeveen, Easter Island lived a success story for about 1,000 years, but culminated in genocide brought about by the exhaustion of resources due to an explosive population growth. What a lesson to humankind, outlining what will happen to "Island Earth" if we do not strictly control our demography!

It is only recently that the work of UNFPA has been given the attention it deserves; and in its 1991 State of World Population report, it has sadly stated that population growth is even faster than forecast in its 1984 report. And it is regrettable that the recent United Nations Conference on Environment and Development in Rio de Janeiro has not taken seriously enough the influence of demography on the sustainability of humankind's future.

However, a remarkable joint statement by the Royal Society of London and the United States National Academy of Sciences was recently published, declaring that "if population growth and patterns of human activity on the planet remain unchanged, science and technology may not be able to prevent either irreversible degradation of the environment or continued poverty for much of the world." These two eminent institutions "wish to stimulate debate among scientists, decision-makers, and the public." In addition, they propose to organize a scientific conference in early 1993, to explore these issues in detail.

Such statements and resolutions are to substantiate the 1994 International Conference on Population and Development due to be held in Cairo. They will permit the international institutions to seriously cope—at last—with what Borlaug calls the "population monster."

Is the public ready to participate actively, aggressively in the debate proposed by the British and American academies? Are not the people at large victims of fatalism, in the wake of apathy shown by their leaders? I believe they must be told a magnificent story—their own story—the greatest adventure of all times.

We can all be proud to belong to a species that has dared defy the fundamental laws of nature. This idea was originally expressed to me by Prof. Jean Hamburger, president of the French *Academie des Sciences* a few months before he died. In nature, individuals are constantly sacrificed to the survival of the species. Submitted to the harsh law of the jungle, Man—whose design, lacking shell, fangs or claws, made him a victim—resented his own precariousness. As soon as he settled into communities and felt safe from all natural dangers, he divorced from nature and decreed his own rules. We want to respect individuals, Hamburger wrote, we haughtily refuse the sickness, premature death, and natural selection that warranted the quasi-miraculous demographic equilibrium among the innumerable living species. We seek justice, while the story of life was built on the disparity of chances of each. This breach of contract with natural, proven standards is extremely recent, maybe only 100 centuries old, and probably was at the origin of morals.

Almost all our social evils, famines, shocking differences between rich and poor communities, desertification, decrease in

Captain Jacques-Yves Cousteau, renowned marine explorer and environmental educator, delivered this year's Rafael M. Salas Memorial Lecture, named after UNFPA's first executive director. This article was adapted from that lecture.

biodiversity, increase in the number of hereditary taints, and even the warming up of our planet, originate in the population explosion. And that population explosion is due to the fact that our new set of anti-natural values—generosity, solidarity, pride in our first medical victories over traditional evils—had been enthusiastically applied long before we developed their logical counterpart, birth control.

Our lack of synchronism between part and counterpart shows that we have been very slow to understand that our revolutionary new course, replacing harsh natural rules with our own ideals of equality, fraternity and justice, implied new duties and perils. From victims of nature, we had to become relentless protectors of nature. By refusing for ourselves the law of the jungle, we committed ourselves to making sure that the natural vegetal and animal kingdoms around us would still benefit from that very law of the jungle they cannot survive without.

We have not yet fully realized that our recent divorce from nature is irreversible. Our ancestors have long ago burned the bridges and there is no possible return to nature. This implies for modern man the overwhelming burden to invent from scratch a behaviour at the same time acceptable biologically, and satisfying to his moral ambitions.

If we want our precarious endeavour to succeed, we must convince all human beings to participate in our adventure, and we must urgently find solutions to curb the population explosion that has a direct influence on the impoverishment of the less-favoured communities. Otherwise, generalized resentment will beget hatred, and the ugliest genocide imaginable, involving billions of people, will become unavoidable.

We must have the courage to face the situation: either the leaders of the world, having participated in the Rio Conference, understand that what is at stake is literally to save the human species, and accept the need to take drastic, unconventional, unpopular decisions, or the impending disaster dreaded by the British and American scientific academies will precipitate.

Our rejection of the law of the jungle came from our mind, not from our genes. Somehow, in the complex structure of our DNA is engraved our instinct to submit to the harsh laws and principles that have made the success and the diversity of life. The moral laws and principles that we have invented, preferred, and adopted will take a long time to conquer our genetic heritage. A subtle trail of our original wildcat nature has been saved, has grown, and finally blossomed in the free market principle, the cornerstone of all our modern economy.

The free market economy is by far the most efficient system. The collapse of the Communist world is mainly due to the fact that the liberal economy of the West was much more efficient than the planned economy of the East.

However, a closer look leads to unanswered problems: Efficiency? What for? To boost the wealth of the rich quarter and sacrifice the poorer three-quarters of humankind? Efficiency to favour the currency speculators? Efficiency to increase unemployment, to create millions of poor and homeless in the richest countries? To waste resources here that are lacking elsewhere? Efficiency to provide youngsters with only one moral idea: get rich?

UNICEF

Co-existence under pressure.

As long as the free market economy is not far more severely controlled and submitted to our new set of moral values, it will be as cruel, as unjust, and will kill as much as the law of the jungle we have rejected. The international trade in weapons hypocritically enters this free market's set of arguments to flout all moral principles. The armaments market is the trade of death. Nothing else. And it has suddenly increased in the aftermath of the Gulf War.

The two largest industries of the world, the military and the drug markets, are both parasitic, in the sense that they contribute very little or not at all to the well-being of the world. Their turnovers total almost US$1.8 trillion a year. About three times what is necessary to solve the two most pressing problems: population and poverty. The real challenge, even more than reducing or suppressing these ill-omened activities, would be to channel the savings to the vital sectors, in spite of concerted efforts by special interest groups to camouflage their misappropriation.

Uncontrolled population growth and poverty must not be fought from inside, from Europe, from North America or any nation or group of nations; it must be attacked from the outside—by international agencies helped in the formidable job by competent and totally independent non-governmental organizations.

A world policy inspired by eco-biology and eco-sociology is the only one capable of steering our perilous course towards a golden age, and protecting cultural and biological diversity while proudly hoisting the colours of humankind.

Finding the Balance

Women in San Jose, Costa Rica band together to solve the problems their families face—poor housing and health care, lack of access to family planning services, and the decaying environment around their neighbourhood. Their efforts are chronicled in *Finding the Balance: Efforts Toward a Stable Population and Sustainable Planet*, a new video from the United States-based National Audubon Society's Population Program. Also featured are local community initiatives to control urban growth in Austin, Texas; efforts by residents in the small Californian town of Arcata to reduce their resource consumption; and the struggle to find a balance between people and wildlife on the Platte River in Gibbon, Nebraska—a struggle shared by people along the Indus River in Pakistan and along the Amur River in Russia. The video is designed to show "what happens when people take charge of their lives," says Patricia Waak, director of the Population Program. The video is accompanied by a guidebook for environmental activists. Available as a VHS cassette in NTSC or PAL standards and priced at US$25.00, postage included. Available from: National Audubon Society, Population Program, 666 Pennsylvania Avenue, S.E., Washington, D.C. 20003, USA.

Profiles in Leadership

Motherhood By Choice: Pioneers in Women's Health & Family Planning tells the stories of eight women and four men who were at the forefront of the struggle for family planning and improved health care. Author Perdita Huston, a former director of public affairs at the International Planned Parenthood Federation (IPPF), travelled around the world to gather material about these often unknown pioneers. Her book, released to mark IPPF's fortieth anniversary, draws on interviews and biographical material to present the motivations, strategies, heartaches, and achievements of these champions of women's rights to health services and control over reproductive decisions:

- Evangelina Rodriguez (1879-1947), the Dominican Republic's first female doctor, who defied the Church and the Trujillo dictatorship to promote family planning and to combat venereal diseases;
- Elise Ottesen-Jensen (1886-1973), born to a poor Norwegian family of 18 children, who founded the Swedish Association of Sex Educators in 1933;
- Sylvia Fernando (1904-83), who founded the Family Planning Association of Sri Lanka;
- Constance Goh Kok Kee, born in China in 1906, who created the first children's feeding centre in Singapore after World War II and founded the Singapore Family Planning Association;
- Zahia Marzouk (1906-88), who founded the first schools of social work in Alexandria and Cairo, Egypt, the Alexandria Family Planning Association, and the Happy Childhood Association;
- M.L. Kashetra Snidvongs, born in 1908, a member of a noble family who is regarded as "a dedicated but controversial person in Thai society," in the words of one of his contemporaries;
- Tewhida Ben Sheikh, born in 1909, who opened the Tunisian Family Planning Association's first clinic and went on to become director of the National Office of Family Planning;
- Mohamed Ibrahim (1911-89), remembered by one of his contemporaries for taking "a very bold step in 1976 by appointing 13,000 women to work in village family planning programmes";
- Elsie Locke, born in 1912, the first in her family to go to university, who founded and edited *The Working Woman* and convened the first meeting of New Zealand's Sex Hygiene and Birth Regulation Society, in 1936;
- M. A. Barnor, born in 1917, who was appointed to the Committee on Health of Ghana's National Liberation Council in 1966 and who was Secretary-Convener of the Planned Parenthood Association of Ghana;
- Miyoshi Oba, born in 1921, the "iron-hearted lady" who fought against innumerable taboos in post-war Japan to introduce villagers to the use of condoms; and
- Faran Samaké (1932-78), who founded the Malian Association for the Protection and Promotion of the Family.

In his foreword, IPPF President Fred Sai writes that the book will permit readers "to get a better grasp of the origins and the spread of the family planning movement, and of the pioneering work of women and men from diverse backgrounds, each with their own vision of a better future. For me, the interviews...hold a most important refutation of the allegation that family planning is a Western imposed concept....While, in many cases, future pioneers returned home from study in the colonial capitals with new ideas, those ideas met with a very real local need."

Published this month, *Motherhood By Choice* is available from: The Feminist Press, 311 East 94th Street, New York, NY 10128, USA. Priced at US$35.00 (cloth)/ US$14.95 (paper). Orders must be prepaid by cheque or money order in US dollars. Add US$3.00 postage and handling for the first book ordered, and US$0.75 for each additional book. Residents of New York State must add 8.25 per cent sales tax.

Last Oasis

We are entering an era of water scarcity. Some 1.2 billion people—one in three in developing countries—lack access to safe and reliable water supplies. Twenty-six countries have too little water to support their populations sustainably. War could break out over water in the Middle East. Yet, we already have the technologies to make every drop of water go further, decreasing the likelihood of both scarcity and conflict, according to Sandra Postel, vice president for research at the Worldwatch Institute and author of *Last Oasis: Facing*

Water Scarcity. What's needed is to reform government policies that now price water far below its worth, perpetuating the illusion of plenty, and a "new water ethic" that makes the protection of water ecosystems a central aim in all we do. Published by W.W.Norton and Co. and priced at US$21.95 (cloth)/US$9.95 (paper). For more information, contact: Worldwatch Institute, 1776 Massachusetts Avenue, N.W., Washington, D.C. 20036-1904, USA. Telephone: (202) 452-1999. Fax: (202) 296-7365.

Evaluation Fellowships

The EVALUATION Project is looking for Junior and Senior Fellows. The Project is a collaboration between the University of North Carolina's Carolina Population Center, where it is based, Tulane University, and the Futures Group. It is in the second year of a five-year lifespan funded by the United States Agency for International Development (U.S.A.I.D.). Fellows will join the Project for one year, evaluating programmes, working on evaluation methodologies, and helping design a conceptual model of family planning impact. Junior Fellows will be expected to hold a Ph.D. or have comparable experience; to be employed in a population- or family planning-related organization in a country where U.S.A.I.D. operates; and to have a guaranteed right of return to their job following their fellowship year. Senior Fellows will be chosen for the compatibility of their interests with those of the Project. The fellowships include a stipend and travel costs. For more information, including applications guidelines, contact: Fellows Program, The EVALUATION Project, Carolina Population Center, University of North Carolina at Chapel Hill, CB# 8120 University Square, Chapel Hill, NC 27516-3997, USA. Telephone: (919) 966-7482. Fax: (919) 966-2391.

Civil Registration

"Access to civil registration is directly related to the quality of life of the people," German Pollitzer of the non-governmental Patagonian Cross Foundation writes in *Chronicle*, a newsletter published by the International Institute for Vital Registration and Statistics. Pollitzer tells of efforts to convince the Mapuche people of rural Argentina of the benefits of civil registration—including state services and property and inheritance rights—and to reform the state's law-and-order approach to registration. His article appears in the July 1992 issue of the newsletter, which sets out to "facilitate the exchange of news between the national agencies responsible for civil registration and vital statistics," in its own words. For more information, contact: Chronicle, International Institute for Vital Registration and Statistics, 9650 Rockville Pike, Bethesda, MD 20814, USA.

Census Suspicions

People in many countries are wary of government's efforts to count them: They may fear or resent the intrusion by outsiders, and are suspicious about how information about them will be used. Censuses are more than exercises in demographic data collection. Decisions regarding political representation, the provision of government services, and long-term development plans are made on their basis. How to allay people's fears and secure their co-operation with census takers? Enter "census communication," jargon for publicity intended to "dissipate the suspicions and inhibitions of the people, and mobilize the whole community to participate actively in the census," according to the authors of *Census Communication Support*, a report published by the United Nations Educational, Scientific and Cultural Organization's (UNESCO) Regional Programme for Population Communication in the Arab States with support from UNFPA. Part of the "Population and Development Communication" series of publications, the report discusses key issues in census communication and publicity campaign design. It goes on to assess publicity campaigns preceding head-counts in Jordan in 1979, Somalia in 1982-83, and Sudan in 1986-87. For more information, contact: UNESCO Regional Population Communication Programme, P.O. Box 2270, Amman, Jordan.

Call for Papers

The Eighth World Congress on Human Reproduction and the Fourth World Conference on the Fallopian Tube in Health and Disease are to be held jointly in Bali, Indonesia on 4-9 April 1993. They are to be hosted by the Indonesian Society of Obstetrics and Gynaecology (ISOG) under the auspices of the International Academy of Human Reproduction and the Fallopius International Society. Congress participants are invited to contribute papers to the scientific programme. The deadline for abstracts is 31 January 1993. For more information, including instructions for registering and preparing papers, contact: Congress Secretariat, ISOG, Klinik Raden Saleh, Tromol Pos 3180, Jakarta 10330, Indonesia. Telephone: 62-21-333599/320286. Fax: 62-21-323699.

Relocation

The Brook Advisory Centres Education and Publications Unit has moved to: 153a East Street, London SE17 2SD, UK. Telephone: (071)708-1390. All orders should be made at this address. A different address is being used for deliveries of stock ordered by Brook, however: Avon Direct Mail Services, Units 12-14, Old Mill Road, Portishead, Bristol BS20 9EG, UK. Telephone: (0275)842487.

Fertility Decline

In the 1960s, the total fertility rate (TFR) in developing countries was about 6.1 children per woman. It fell to 3.9 children per woman in the 1980s. A further reduction of 1.8 children per woman would bring the fertility rate to about replacement level—the rate at which a population replaces itself without growing in number. Over the past 25 years, the TFR has dropped from 5.9 to 2.4 in East Asia, 6.0 to 3.6 in Latin America, 6.0 to 4.4 in South Asia, 6.9 to 5.1 in the Middle East and North Africa, and 6.7 to 6.6 in sub-Saharan Africa. (Source: J. Ross et al., *Family Planning and Child Survival Programs as Assessed in 1991*, Population Council, 1992.)

Boom Factor

Current fertility rates, if unchanged, could yield a world population of 694 billion people by 2150, compared to about 5.5 billion now. At present, total fertility is thought to stand at about 3.4 children born to the average woman. If it fell to 2.06 children per woman, global population would amount to about 11.5 billion in 2150. If the rate were to drop another 5 per cent, to 1.96 children per woman, then the population in 2150 would total around 5.6 billion. But an increase of 5 per cent to 2.17 children per woman, would increase the tally to 20.8 billion by the year 2150. (Source: J.R. Bermingham, calculations using UN projections in *Global Population—What's New?*, Colorado Population Coalition, September 1992.)

Stagnation

Botswana, Mauritius, Reunion, and Zimbabwe are the only four places in sub-Saharan Africa where total fertility rates have fallen more than 25 per cent since the 1960s. Fertility rates have not shifted significantly in most of the region's 40 countries. (Source: J. Ross et al., *Family Planning and Child Survival Programs as Assessed in 1991*, Population Council, 1992.)

Who Decides?

World Fertility Survey findings in 15 of the most populous developing countries suggest that women would have two children fewer than they do at present if the decision was theirs to make. In consequence, population growth rates would drop by up to 30 per cent. (Source: United Nations Children's Fund, *The State of the World's Children 1991*, 1991.)

Expert Advice

"Decisions imposed from above by managers and experts without consulting women, however poor and illiterate they appear, are bound to fail." —International Planned Parenthood Federation Secretary-General Halfdan Mahler. (Source: Reuters news agency, "South Asia Facing 'Population Explosion'," New Delhi, 22 October 1992.)

This month's Notebook was researched by Vaseeharan Nesiah.

DICTIONARY

Dependency Ratio

The dependency ratio measures the proportion of economically dependent people in a given population. It is usually stated as the number of economically dependent people (arbitrarily defined as people under 15 years of age and those 65 years and older) for every 100 productive people ("working age" people aged 15-64 years).

Dependency ratios, 1990:

Albania	61.1
Argentina	64.0
Bangladesh	87.9
Cape Verde	96.9
El Salvador	92.8
Fiji	66.8
France	51.2
Kuwait	58.2
New Zealand	50.8
Tanzania	105.9
Turkey	63.0
USA	51.6

(**Sources**: Population Reference Bureau, *Population Handbook*, International Edition, 1984; United Nations, *World Population Prospects 1990*, 1991.)

UNICEF/Bernard P. Wolff

Boom !

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